

Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15.3.

Date: 06-07-07
Case #: 14F-37038
County: MONTGOMERY

Address: 3833 S CR 600 W
CRAWFORDSVILLE, IN 47933

Type of Laboratory Seizure (check one)

- ☐ Operational Lab
☐ Chemical/Glassware/Equipment (only)
☐ Dumpsite (only)

Seizure Location (check all that apply)

- ☒ Residence
☐ Outbuilding
☐ Vehicle
☐ Hotel/Motel
☐ Open -- No Structure
☐ Other:

Items Found: Location (bedroom, kitchen, open air, etc)

(check all that apply)

- ☐ Lithium/Ammonia Reaction(s): _____
☐ Red Phosphorous/Iodine Reaction(s): _____
☒ Flammable Solvents: COLEMAN (KITCHEN)
☐ Water Reactive Metal (Lithium): _____
☐ Anhydrous Ammonia: _____
☐ Hydrochloric Acid Gas Generator(s): _____
☒ Corrosive Acid: LIQUID FLAME (KITCHEN)
☐ Corrosive Base: _____
☐ Other (item and location): _____

Child under age 18 discovered (check one)

- ☐ Yes _____ (number present)
☒ No

*If yes, fax report to Child Protective Services

Investigative Information

- ☐ Ephedrine/Pseudoephedrine Tracking Log
☐ Retail/Merchant Tip
☒ Other: _____

This report is to be faxed to the following agencies that serve the location:

Fire Department: ~~765~~ CRAWFORDSVILLE
Health Department: CRAWFORDSVILLE
Child Protection Service: N/A

Fax: 765-364-5194
Fax: 765-362-1587
Fax: N/A

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: HOLEMAN, S.D. Phone 765-567-2125

*** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

*** This form is to be included with the case file, and a copy sent to the clandestine Laboratory Team Leader for retention.